

INDIVIDUAL SICKNESS ABSENCE NOTIFICATION & RETURN TO WORK RECORDING FORM		
Section 1. Employee Details (this section should be completed by the person that takes the call from the employee)		
Name:		
Employee No:		
Section:		
Absence Notified:	Date:	Time:
Reason for Absence:		
Person Receiving Notification:		
Did Employee make contact directly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Contact No:
If no, who made contact?		
If no, what reason was given for the absent employee not contacting directly? (this should only happen in exceptional circumstances)		
Section 2. Absence Information (The Line Manager should normally obtain the following absence information from the employee on the first day of absence)		
1	What is the reason for your absence? (if the reason is work related stress, steps should be taken to address issue immediately)	
2	Is your absence due to an accident at work:	Yes <input type="checkbox"/> (details inc. date of accident) No <input type="checkbox"/>
3	Expected Date of return (if known)	
4	Have you seen/arranged to see a doctor?	Yes <input type="checkbox"/> (details) No <input type="checkbox"/>
5	If seen, what advice was given?	
6	Would you be able to perform amended/lighter duties? Yes <input type="checkbox"/> (if yes provide details)	
7	Is there any support that can be provided at this stage? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Occupational Health Referral <input type="checkbox"/>	Employee Counselling <input type="checkbox"/>
	Individual Stress Assessment <input type="checkbox"/>	Physiotherapy <input type="checkbox"/>
	Other (please state)	
8	Any outstanding work?	Yes <input type="checkbox"/> (details) No <input type="checkbox"/>
9	Do you have any deadlines to meet/meetings arranged that have to be covered?	Yes <input type="checkbox"/> (details) No <input type="checkbox"/>
If Line Manager did not take call they should call the employee back to obtain the above absence information.		

Date/Time of:	1 st Attempt	2 nd Attempt
Name of Line Manager:		Date Completed:

Section 3. Further Notification Details (this should be completed where absence exceeds 3 days)			
Contact made by employee on 4 th Day of absence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from employee: (manager can refer to the questions at Section 2)			
Provide details of any action required at this stage:			
Contact made by employee on 7 th Day of absence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from employee: (manager can refer to the questions at Section 2)			
Provide details of any action required at this stage: (if employee is not returning to work on next available work day they should be advised that a "fit note" is required to be submitted as absence will be more than 7 calendar days)			
Section 4. RETURN TO WORK INTERVIEW (the return to work interview should normally be undertaken by the line manager the day the employee returns to work)			
Day/Date of Interview:			
Method of discussion:	Face to Face <input type="checkbox"/>	Telephone <input type="checkbox"/>	
Day/Date absence commenced:			
Return to Work Date:		No. of Work Days absent:	
Did employee comply with the notification & certification procedures:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If absence was 7 days or less has employee inputted their absence to Myself or completed a Self-Certification form:	Yes <input type="checkbox"/> No <input type="checkbox"/>

Reason for Absence: (if the reason given for the absence differs from the recording form please ensure this is discussed with employee and the change of reason recorded through Myteam)			
Discuss absences in last rolling 12 month period: (copy of employees absence record should be attached)	Notes:		
Section 4. RETURN TO WORK INTERVIEW - CONTINUED			
As a result of this absence has the employee met a trigger in accordance with the Managing Attendance Policy (if yes please select appropriate trigger/s	Yes <input type="checkbox"/>	3 periods of sickness absence in a rolling 12 month period	<input type="checkbox"/>
	No <input type="checkbox"/>	8 days cumulative absence in a rolling 12 month period	<input type="checkbox"/>
		2 weeks continuous absence.	<input type="checkbox"/>
If applicable has employee been advised that they are required to attend a Formal Review Meeting	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no provide reason)		
Has the employee been made aware of future actions that may be taken in accordance with the Council's Managing Attendance policy if their attendance levels were to deteriorate in the near future? i.e. formal review, disciplinary action	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there any support that requires to be provided at this stage?	Yes <input type="checkbox"/> (detail below)	No <input type="checkbox"/>	
Occupational Health Referral <input type="checkbox"/>	Details of any additional support offered to employee i.e. phased return, adjustment to duties, training etc		
Individual Stress Assessment <input type="checkbox"/>			
Employee Counselling <input type="checkbox"/>			
Physiotherapy <input type="checkbox"/>			
Any other issues that employee/manager wishes to raise in relation to the absence?	Notes:		
Has the employee been updated on any work issues that occurred during his/her absence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

This information will be used for the purposes of recording, monitoring and reviewing the employees attendance levels, and may be referred to if any formal action was taken in relation to attendance levels.

Signed Employee		Date	
Signed Manager		Date	